

STATE: COMMONWEALTH OF PENNSYLVANIA
SUPPLEMENT 2 TO ATTACHMENT 3.1A/3.1B

CASE MANAGEMENT SERVICES

A. TARGET GROUP

Adults with severe and persistent mental illness and children with a severe mental illness or emotional disturbance who are eligible for Medical Assistance under the State Plan as categorically needy, (aged, blind, disabled - eligible for SSI and families and children - eligible for AFDC), and medically needy (aged, blind, disabled, families and children).

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED

Entire state.

C. COMPARABILITY OF SERVICES

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B).

D. DEFINITION OF SERVICES

Under the authority of Section 1915(g) of the Social Security Act, case management services are services which will assist mentally ill individuals eligible under the State Plan in gaining access to needed medical, social, educational and other services. Activities undertaken by staff providing case management services include:

1. Linking With Services

Assisting the person in locating and obtaining services specified in the treatment/services plan including arranging for the person to be established with the appropriate service provider.

2. Monitoring of Service Delivery

Ongoing review of the person's receipt of and participation in services. Contact with the person should be made on a regular basis to determine his or her opinion on progress, satisfaction with the service and/or provider, and any needed revisions to the treatment plan. Contact with program staff should be made on a regular basis to determine if the person is progressing on issues identified in the treatment/service plan and whether the services continue to be

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needed and appropriate. A process should be developed for resolution with levels of appeal to be pursued when there is clinical disagreement on the nature and extent of progress a particular person is making.

3. Gaining Access to Services

Aggressive and creative attempts to help the person gain resources and required services identified in the treatment/service plan. This may include home and community visits and other efforts as needed. This does not preclude the client's therapist from accompanying the case manager on these visits. Home and community is defined broadly to include field contacts which may take place on the street, at the person's residence or place of work, psychiatric treatment facilities, rehabilitation programs and other agencies where support or entitlements are available to the recipient. (Medicaid will not be billed for case management service provided to persons in jail.)

4. Assessment and Service Planning

Review of clinical assessment information and general discussion with the person regarding any unmet needs including economic and legal for which the case manager could refer the person to service providers for further evaluation or eligibility determination.

5. Problem Resolution

Active efforts to assist the person in gaining access to needed services and entitlements. Staff should have easy access to communicate with the county MH/MR administration for the purpose of obtaining assistance in resolving issues which prevent a person from receiving needed treatment, rehabilitation and support services. On a systems level, this may include providing information to help plan modifications to existing services or implement new services to meet identified needs and providing information to help plan modifications for accessing resources.

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6. Informal Support Network Building

Contact with the person's family (not family counseling or therapy) and friends (with the permission and cooperation of the adult person) to enhance the person's informal support network to meet needs where no organized program of service is available in the community for the purpose of assisting the person in attaining a stable, health and safe living environment. For example, families could provide a stable place for the person to live while participating in treatment and rehabilitation services or family and friends could provide transportation for the person to attend treatment and rehabilitation services.

7. Use of Community Resources

Assistance to persons in identifying, accessing and learning to use community resources appropriately to meet his/her daily living needs. This may include the use of public transportation, recreation facilities, shopping, and etc. This will be done by providing information or for the purpose of assessing the person's need for referral to an appropriate service provider.

E. QUALIFICATIONS OF PROVIDERS

Case management providers must be approved by the Department as meeting the following qualifications:

1. Provide case management services as a separate and distinct service in cooperation with the mental health services system and included in an overall plan of case management services developed annually by the county MH/MR program and approved by the State Office of Mental Health. The plan will specify the providers who are best able to ensure that eligible persons receive needed services and who meet and maintain the provider qualifications stated in the State Plan Amendment.
2. Obtain and maintain written referral agreements with the local county MH/MR program, psychiatric inpatient facilities, partial hospitalization programs, outpatient clinics, community residential rehabilitation facilities, social rehabilitation programs, vocational rehabilitation programs and other agencies as needed to demonstrate that the case management service provider can effectively refer, coordinate, and assist clients in gaining access to needed services.

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3. Receive verification from the local county MH/MR program through regular reviews that services are being provided in accordance with the following requirements:
 - a. Services are organized as a separate and identifiable unit within the provider agency's organization. The supervisor must be at a level in the provider agency's organization structure (such as clinical director or equivalent level) which provides the supervisor with sufficient authority to accomplish case management activities.
 - b. Case management supervisors and direct service staff devote full time to case management activities.
 - c. Case management records are maintained for each person served using formats prescribed by the Office of Mental Health which document the name of the person served, the Medical Assistance number, date of service, name of case manager providing the service, the nature and extent of the service, units of billable service, and place of service.
 - d. Case management staff are assigned with the participation and agreement of the persons with mental illness.
 - e. Case management services are provided directly by a staff person who must have (a) a bachelor's degree with major course work in sociology, social work, psychology, gerontology, anthropology, other related social sciences, criminal justice, theology, nursing, counseling, or education; or (b) a registered nurse diploma; or (c) a high school diploma and 12 semester credit hours in sociology, social welfare, psychology, gerontology, or other social science and two years experience in direct contact with mental health consumers; or (d) a high school diploma and five years of mental health direct care experience in public or private human services with employment as a [an intensive] case management staff person prior to April 1, 1989. Case management staff persons must be supervised by a staff person who must have at least a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, nursing, other related social sciences, criminal justice, theology, counseling, or education, and have two years mental health direct care experience, or be a registered nurse and have three years mental health direct care experience.

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Mental health direct care experience is working directly with mental health service consumers (adult or children) providing services involving casework or case management, individual or group therapy, crisis intervention, early intervention, vocational training, residential care, or social rehabilitation in a mental health facility or in a facility or program that is publicly funded to provide services to mental health consumers, or in a nursing home, a juvenile justice agency, or a children and adolescent service agency. The supervisor may provide direct services. Job descriptions are reviewed and approved by the Department to assure that the job descriptions accurately reflect assigned duties. Staff must receive ongoing training and orientation needed to perform their duties at an advanced level. Staff are required to attend case management training provided by the Office of Mental Health.

- f. Case management staff who were employed as mental health targeted case management supervisors and workers prior to September 1, 1993 under federal standards existing prior to April 1, 1993 are exempt from the qualification standards set forth in paragraph "e."
- g. Case managers are to refer persons to services provided by other agencies which are appropriate to the clients' needs. If the agency or organization providing case management services also provides other treatment, rehabilitation or support services, the agency or organization must:
 - 1) not restrict the person's freedom of choice of needed services and provider agencies where needed services (including case management) are available;
 - 2) fully disclose the fact that the agency is or may be performing other direct services which could be obtained at another agency if the person so desires;

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- 3) provide each person a listing of mental health treatment, rehabilitation and support services, available within a reasonable proximity to the person's home where needed services could be obtained and if the person so desires, the case manager assists the person in obtaining those services; and
- 4) document that the above information has been reviewed and understood by the person.
- g. The number of persons on a case manager's case load must be based on the intensity of the persons' needs for service but shall not exceed 100 persons.
- h. Case management services are provided as defined in this plan amendment.
- i. Case management services are to be provided as frequently and timely as the person needs assistance from the assigned case manager. Services are provided for the duration of time needed as determined by the provider and the person on an individual basis. Case management staff are available to assigned persons when and where needed which includes where the person resides or needs the service. Regular work hours are flexible and may include evenings and weekends.
- j. Case management services may be provided to individuals to assist them to gain access to general hospitals or to public or private psychiatric hospitals. This includes preparing the individual for admission prior to admission. These activities may not duplicate or replace the institution's responsibility for carrying out admissions procedures. Case management services provided on the day of admission prior to admission which are unrelated to hospitalization are also compensable.
- k. Case managers may work with individuals on their caseload who are in psychiatric units of general hospitals or in public or private psychiatric hospitals for a period not exceeding 30 days

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prior to the estimated date of discharge. In these instances, the case manager's activities are limited to monitoring the individual's progress and locating and obtaining services for the individual after discharge. These activities may not duplicate or replace the institution's responsibility to provide discharge planning and continuity of care.

1. In order to monitor the status of individuals on their caseloads, case managers may make one contact per week with a patient in a general hospital, rehabilitation hospital, or nursing home for a period of eight weeks, unless the patient is in a psychiatric unit of the facility.
- m. Billing for a case manager's services to an inpatient may be made only in the event that the inpatient participates in case management services after discharge.
- n. These services are not covered for individuals where the IMD exclusion applies.
4. Provide financial and service rendered information to the county MH/MR program on a regular basis using forms prescribed by the State Office of Mental Health (single state agency) as well as other information required by the county MH/MR program specific to case management services.
5. Agrees to be audited by the county MH/MR program and have program quality monitored as it relates to Medicaid reimbursement for case management services.
- F. The provision of case management services will be limited to providers best able to provide case management services to persons with severe and persistent mental illness as described in Item E above in accordance with Section 1915(g)(1) of the Act.
 1. Eligible recipients will have choice of the approved providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan shall not duplicate payments to public agencies or private entities under other program authorities for this same purpose.

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Requirements and Limits
Applicable to Specific Services

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

COVERED GROUPS: All

Expanded Prenatal Care Services (Reference 19)

Provide coverage and reimbursement of additional prenatal care services

- A. Comparability of Services: Services are not comparable in amount, duration and scope. The authority of §9501(b) of COBRA 1985 allows an exception to provide services to pregnant women without regard to the requirements of §1902(a)(10)(b).
- B. Definition of Services: Expanded prenatal care services will offer a more comprehensive and coordinated prenatal care package of services to improve pregnancy outcome. The qualified prenatal care services provider may perform the following services:

1. Intake Package Initiates the client into the program. Includes confirmation of the pregnancy; assignment of a care coordinator; orientation to and enrollment into the program; initiation of a care coordination record which is a permanent and integral part of the client's record; problem identification and development of the initial care plan; and health promotion (1 per client per pregnancy).

2. Comprehensive Childbirth Preparation
or Childbirth Preparation Review

Full series for women who have not previously attended such a program, particularly nulliparous women or a review series for those who previously attended a childbirth preparation course (1 per client per pregnancy).

3. Outreach Bonus for First Trimester
Recruitment

When the provider's active outreach efforts result in a client's prenatal care being initiated in the first trimester and care continues with the same qualified provider throughout the second and third trimester.

4. Outreach Visit A home or community visit by a social worker, nurse, or community health worker to initiate a women, who has already been identified as pregnant and in need of prenatal care, into the program. To follow up missed appointments when the client cannot be reached by telephone or when otherwise warranted. (3 visits per pregnancy)

5. Home Assessment/Client Education

A home visit by a nurse or social worker to more fully understand the environment, social or physical, that produces stress for the client during pregnancy; to provide health education when the client is unable to attend on-site; to teach parenting skills in the context of the environment in which the client lives; to help the client organize her home and life situation in order to facilitate her ability to follow prescribed health regimens; and to help the client prepare and care for her newborn infant. (2 units per visit/2 visits per week, 1 unit = 45 minutes)

6. Obstetrical Home Care

Home care by a physician or a nurse midwife to provide components of obstetrical care to clients who have great difficulty utilizing the traditional medical system.

7. Prenatal Home Nursing Care

Home care by a registered nurse under the direction of the obstetric care physician or practitioner for the purpose of monitoring a high-risk medical/obstetrical condition requiring bed rest or limited mobility as an alternative to hospitalization.

8. Home Health Aide Care

Assists in the implementation of care plans established by the obstetric care physician or practitioner and overseen by the employee's home health agency to monitor vital signs and assist the bedridden pregnant woman with her hygiene, competently applies infection control and safety measures and is knowledgeable about the danger signs of pregnancy, knows how and whom to communicate to assure that timely and appropriate medical care is received.

9. Personal Care Services

As a prior authorized service, personal care services are provided in the recipient's home in accordance with the recipient's plan of treatment as prescribed by a physician. (2 units per visit/2 visits per week, 1 unit = 45 minutes)

10. Indepth Nutrition Counseling

Nutrition counseling is provided for clients with identified, persistent, suboptimal dietary behaviors at least during the pregnancy. The need for this service must be identified in the Care Coordination Record and the Comprehensive Problem List. Nutrition counseling may be provided by a nutritional or registered dietician depending on the nature and complexity of the problem.

11. Psychosocial Counseling

Provided for problems that threaten the client's ability to cope with her pregnancy and her role as a mother. Such problems include premature or unwanted pregnancy, abuse, neglect and abandonment. The need for this service must be identified in the Care Coordination Record and Comprehensive Problem List. Psychosocial counseling may be provided by a social worker or psychologist depending on the nature and complexity of the problem.

12. Smoking (Tobacco) Cessation Counseling

One to one smoking cessation counseling by the medical provider or the care coordinator supplemented by culturally appropriate self-help materials. The need for this service must be identified in the Care Coordination Record and the Comprehensive Problem List.

13. Substance Abuse Problem Identification and Referral Counseling

Substance abuse problem identification and referral counseling by qualified provider staff followed by referral to inpatient hospital detoxification and outpatient drug and alcohol rehabilitation counseling. The service is to be provided by or under the direction of the social worker in charge of psychosocial services as outlined in the maternity services manual.

14. Genetic Risk Identification
Information and Referral

Genetic risk information and referral links the genetic screening regularly done during pregnancy and the more in-depth genetic testing and counseling, done by a genetic specialist, for a specific identified genetic risk. It must be conducted by the obstetric care practitioner. (2 units per pregnancy, 1 unit = 45 minutes.

15. Prenatal Parenting Program

An organized program to improve the parenting skills for clients and their partners who are not prepared psychologically for their role as parent and/or who are lacking in the necessary child care knowledge and skills as described in the maternity services manual.

16. Prenatal Exercise Series

Weekly exercise classes especially for pregnant women. An optional service to both the provider and client. (1 per client per pregnancy)

17. Urgent Transportation

Payment for urgent transportation where the obstetrician must see the client to access her immediate health condition. (Receipted services)

18. Basic Maternity Services

Payment for first, second, and third trimester basic maternity care package as described in the maternity services manual.

19. High Risk Maternity Services

Payment for first, second, and third trimester high medical/obstetrical risk care package as described in the maternity services manual.

20. Second Trimester High Risk Maternity
Package with Delivery

This service may be billed when the client delivers during the second trimester.

21. Third Trimester High Risk
Maternity Services

A qualified provider may bill for this service, when applicable, as described in the maternity services manual.

- C. Qualified Providers: The provider, whether approved as a hospital obstetric clinic, community health center, migrant health center, rural health center, birthing center, family planning clinic, home health agency, or private obstetric or family practice, must have a concentration or specialization in prenatal services. The provider must employ one or more care coordinators and must meet the requirements described in Section II, Program Requirements of the Maternity Services Manual.

Source: Healthy Beginnings Plus Maternity Services Manual and the Healthy Beginnings Plus Program Fee Schedule, Provider Billing Guide